STATE OF NEBRASKA FORM NO. CC 1:6 02/2012 REV.

EMPLOYEE TERMINATION FORM

Employee's Full Name	Employee ID/Address Book Number
I do hereby notify you of the termination of	of employment of
who is an employee of the	Court.
Last day worked:	
Unused vacation hours:	
Reason for termination:	
Employee's Signature	Date
Supervisor's Signature/Title	Date
	E RETIREMENT FORM
Employee's Full Name	Employee ID/Address Book Number
I hereby certify that the termination of the the *Public Employees Retirement Act.	above employee is due to employee's retirement as defined by
Supervisor's Signature/Title	Date
Last day worked:	
Employee's Signature	 Date